**INFORMATIONAL LETTER NO.1772-MC-FFS** 

**DATE:** March 2, 2017

**TO:** Iowa Medicaid Hospice Providers

**APPLIES TO:** Managed Care, Fee-for-Service

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Type of Bill for Hospice

**EFFECTIVE:** April 1, 2017

To align with the Centers for Medicare and Medicaid Services (CMS) billing, the IME will be changing the type of bill accepted for hospice providers. The IME will no longer accept type of bill 83X. Please use 81X or 82X. This change is effective for dates of service on and after April 1, 2017. Please refer to the following chart which will be found in the UB-04 Billing Instructions on the DHS website on April 1, 2017.

			1
Field No	Field Name/Description	Requirements	Instructions
4	Type of Bill	REQUIRED	Enter a three-digit number consisting of one digit from each of the following categories in this sequence:  • First digit- Type of facility • Second digit- Bill classification • Third digit- Frequency  Type of Facility 1. Hospital or psychiatric medical institution for children (PMIC) 2. Skilled nursing facility (SNF) 3. Home health agency 7. Rehabilitation agency 8. Hospice  Bill Classification 1. Inpatient hospital, inpatient SNF or hospice (non-hospital based)
			<ul><li>2. Hospice (hospital based)</li><li>3. Outpatient hospital, or</li></ul>
			outpatient SNF

	4. Hospital referenced laboratory services, home health agency, rehabilitation agency
	Frequency 1. Admit through discharge claim 2. Interim – first claim 3. Interim – continuing claim 4. Interim – last claim

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at  $\underline{imeproviderservices@dhs.state.ia.us}$ .